

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.8	*****		*****	29.9	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	267	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.3	*****		*****	29.9	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.4	*****		*****	20	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	206	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	51.7	*****		*****	20	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.31		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.11	*****		*****	.05	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.23	*****		*****	.09	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.4	*****		*****	19.1	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	372	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55.8	*****		*****	19.1	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47.5	*****		*****	< 20	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	258	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	58.4	*****		*****	< 20	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.35		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.74	*****		*****	.31	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	*****		*****	.41	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73.7	*****		*****	31	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	270	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102.12	*****		*****	31	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.1			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	35.7	*****		*****	15	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	320	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	49.4	*****		*****	15	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.395		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.83	*****		*****	.35	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.45	*****		*****	.44	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132.1	*****		*****	43.4	*****			Three Per Month	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	202.6	*****			Three Per Month	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	211	*****		*****	61.7	*****			Three Per Month	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42.6	*****		*****	14	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	235	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	47.9	*****		*****	14	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.365	.41		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	*****		*****	.38	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	*****		*****	.44	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	79	*****	*****			Three Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87.6	*****		*****	36.2	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	186	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99.6	*****		*****	36.2	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.4	*****		*****	13	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	201	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35.8	*****		*****	13	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	.33		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****		*****	.31	*****			Monthly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.37	*****			Monthly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	28			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129.2	*****		*****	44	*****			Twice Per Month	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	186	*****			Twice Per Month	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	179	*****		*****	48.7	*****			Twice Per Month	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	*****		*****	17	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	306	*****			Monthly	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	62.4	*****		*****	17	*****			Monthly	COMPOS
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.352	.44		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	*****		*****	.41	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	*****		*****	.46	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	12			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	76	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70.5	*****		*****	32.5	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.5	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86.7	*****		*****	32.5	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.4			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.9	*****		*****	17	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	45.4	*****		*****	17	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.32		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.85	*****		*****	.39	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.15	*****		*****	.43	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.4	*****		*****	19.3	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	283	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.1	*****		*****	19.3	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	*****		*****	25	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	338	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	58.4	*****		*****	25	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.28		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****		*****	.38	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.43	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	63.1	*****		*****	28.2	*****			Monthly	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	265	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69.4	*****		*****	28.2	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	110.2	*****		*****	49.3	*****			Three Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	277	*****			Three Per Month	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	174.7	*****		*****	71	*****			Three Per Month	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.268	.295		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.65	*****		*****	.29	*****			18 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.55	*****		*****	.63	*****			18 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	82.2	*****	*****			Three Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.5	*****		*****	17.2	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	257	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.8	*****		*****	17.2	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.6			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	56.7	*****		*****	30	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	223	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	67.5	*****		*****	30	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.226	.27		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****		*****	.02	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		*****	.02	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	20			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93.3	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.1	*****		*****	10.6	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	260	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.1	*****		*****	10.6	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39	*****		*****	23	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48	*****		*****	23	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.205	.25		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.03	*****		*****	.02	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****		*****	.02	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	51	*****		*****	25.6	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	356	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	*****		*****	25.6	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36	*****		*****	18	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	354	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	44	*****		*****	18	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.29		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.1	*****		*****	.05	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.24	*****		*****	.1	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.3	*****		*****	19.2	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	291	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	*****		*****	19.2	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	53.4	*****		*****	27	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	223	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	63.4	*****		*****	27	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.237	.28		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	*****		*****	.4	*****			29 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	*****		*****	.47	*****			29 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	*****		*****	22.4	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95.3	*****		*****	22.4	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	*****		*****	29	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	123.3	*****		*****	29	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.049			Monthly	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.52	44			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.33		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.36	*****			29 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.96	*****		*****	.46	*****			29 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	67	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit

W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	*****		*****	14.8	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	*****		*****	14.8	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	29	*****		*****	16	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	40	*****		*****	16	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	12			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.218		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.66	*****		*****	.35	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	*****		*****	.45	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	*****		*****	15.8	*****			Monthly	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.5	*****		*****	15.8	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.8	*****		*****	9	*****			Monthly	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	18.5	*****		*****	9	*****			Monthly	COMPOS
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.9			Monthly	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.34		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****		*****	.36	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.02	*****		*****	.36	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floatng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42.5	*****		*****	21.3	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	*****		*****	21.3	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	35.9	*****		*****	18	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	46.7	*****		*****	18	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.9			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.31		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****		*****	.39	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.17	*****		*****	.46	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.2	*****	lb/d	*****	17.6	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73.4	*****	lb/d	*****	17.6	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	95.9	*****	lb/d	*****	31	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	129.3	*****	lb/d	*****	31	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		04/13/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= 4	<= 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.362	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.08	*****	lb/d	*****	.37	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.67	*****	lb/d	*****	.41	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	%		Once Every 2 Years	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		04/13/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	11.8	17.3	deg C	*****	*****	*****	*****		Continuous	RECORD
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.1	*****	lb/d	*****	18.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.2	*****	lb/d	*****	18.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.9	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	26	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	92.6	*****	lb/d	*****	26	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		05/09/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.425	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	*****	lb/d	*****	.33	*****	mg/L		Weekly	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	*****	lb/d	*****	.39	*****	mg/L		Weekly	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Once Every 2 Years	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		05/09/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	16.1	20.4	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.9	*****	lb/d	*****	12.7	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55.9	*****	lb/d	*****	12.7	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	41.7	*****	lb/d	*****	19	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	83.7	*****	lb/d	*****	19	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		06/08/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.528	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****	lb/d	*****	.02	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.35	*****	lb/d	*****	.08	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	17.7	21.5	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.5	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57.6	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8.3	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	115.3	*****	lb/d	*****	38	*****	mg/L		Twice Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	217	*****	lb/d	*****	49	*****	mg/L		Twice Per Month	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)267-3105	07/06/2012
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Recent high water in the Kootenai River required a temporary change in our waste water discharge. The river is approximately 2 feet above flood stage at this time and is expected to remain near this level until early July. At this river level, the hydraulic gradient of the outfall pipe is not sufficient to allow the effluent to be discharged properly, which has required us to start pumping the effluent from the discharge chamber. We started pumping on 6/27 and pumped until the end of June. The effluent is still receiving full treatment. The river level is approximately 13' below the top of the levees surrounding the lagoons, so the lagoons are not in danger of

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.531	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.18	*****	lb/d	*****	.06	*****	mg/L		Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.84	*****	lb/d	*****	.19	*****	mg/L		Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Recent high water in the Kootenai River required a temporary change in our waste water discharge. The river is approximately 2 feet above flood stage at this time and is expected to remain near this level until early July. At this river level, the hydraulic gradient of the outfall pipe is not sufficient to allow the effluent to be discharged properly, which has required us to start pumping the effluent from the discharge chamber. We started pumping on 6/27 and pumped until the end of June. The effluent is still receiving full treatment. The river level is approximately 13' below the top of the levees surrounding the lagoons, so the lagoons are not in danger of

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

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ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	24	28	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	*****	lb/d	*****	13.3	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	58.9	*****	lb/d	*****	13.3	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	*****	lb/d	*****	26	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	115.1	*****	lb/d	*****	26	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.3	mg/L		Once Every 2 Years	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		08/10/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.531	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.33	*****	lb/d	*****	.1	*****	mg/L		Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	*****	lb/d	*****	.24	*****	mg/L		Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22	25	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.9	*****	lb/d	*****	7.72	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	*****	lb/d	*****	7.72	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	34.7	*****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	47	*****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		09/07/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= 4	<= 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.313	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.17	*****	lb/d	*****	.09	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	*****	lb/d	*****	.23	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		09/07/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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09/01/2012	09/30/2012

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	17.2	19.6	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.1	*****	lb/d	*****	9.9	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23.9	*****	lb/d	*****	9.9	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.5	*****	lb/d	*****	20	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48.2	*****	lb/d	*****	20	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		10/10/2012	
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.289	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.1	*****	lb/d	*****	.05	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.25	*****	lb/d	*****	.1	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		10/10/2012	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	13.1	19.3	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.9	*****	lb/d	*****	8.7	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.8	*****	lb/d	*****	8.7	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	26	*****	lb/d	*****	12	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35.5	*****	lb/d	*****	12	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Doug Ladely/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		11/10/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.355	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.67	*****	lb/d	*****	.31	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.33	*****	lb/d	*****	.45	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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Doug Ladely/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		11/10/2012	
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	4.8	10.3	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.3	*****	lb/d	*****	18.4	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	*****	lb/d	*****	18.4	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.8	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	65.3	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		12/05/2012	
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BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.328	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.09	*****	lb/d	*****	.4	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.96	*****	lb/d	*****	.48	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Sims		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3105		12/05/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	2.7	5.4	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.2	*****	lb/d	*****	19.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84.4	*****	lb/d	*****	19.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.4	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39.5	*****	lb/d	*****	14	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	62	*****	lb/d	*****	14	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.3	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		01/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	12	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.53	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.13	*****	lb/d	*****	.4	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	2.03	*****	lb/d	*****	.46	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		01/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.4	1.8	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49.5	*****	lb/d	*****	21.2	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56.6	*****	lb/d	*****	21.2	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42	*****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48	*****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
(208)267-3480				04/09/2013			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.9	28	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.32	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.68	*****	lb/d	*****	.29	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.92	*****	lb/d	*****	.33	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
(208)267-3480				04/09/2013			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	3.4	4.2	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70.4	*****	lb/d	*****	29.1	*****	mg/L		Once Every 4 Weeks	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.4	*****	lb/d	*****	29.1	*****	mg/L		Once Every 4 Weeks	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	58	*****	lb/d	*****	24	*****	mg/L		Once Every 4 Weeks	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	63.9	*****	lb/d	*****	24	*****	mg/L		Once Every 4 Weeks	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.3	mg/L		Once Every 4 Weeks	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		03/08/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
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ATTN: John Griffin, Superintendent

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MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.319	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.92	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.25	*****	lb/d	*****	.47	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	74	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE
(208)267-3480				03/08/2013		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	3.5	6.1	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44.2	*****	lb/d	*****	18.2	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48.4	*****	lb/d	*****	18.2	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.4	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		04/09/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.319	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****	lb/d	*****	.4	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	*****	lb/d	*****	.45	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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(208)267-3480				04/09/2013			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	12	16.1	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67.6	*****	lb/d	*****	28.7	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	127.1	*****	lb/d	*****	28.7	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8.3	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	89.4	*****	lb/d	*****	38	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	168.5	*****	lb/d	*****	38	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		05/06/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.531	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.67	*****	lb/d	*****	.27	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.68	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	15	28.4	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28.4	*****	lb/d	*****	12.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53.5	*****	lb/d	*****	12.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14.2	*****	lb/d	*****	6	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	26.7	*****	lb/d	*****	6	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.53	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.25	*****	lb/d	*****	.1	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.17	*****	lb/d	*****	.26	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	16.8	28.2	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.6	*****	lb/d	*****	9.3	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	*****	lb/d	*****	9.3	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	99.2	*****	lb/d	*****	45	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	199.3	*****	lb/d	*****	45	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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(208)267-3480				07/10/2013			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.53	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****	lb/d	*****	.02	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.18	*****	lb/d	*****	.04	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		07/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.8	24.9	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.2	*****	lb/d	*****	12.6	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	*****	lb/d	*****	12.6	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	75.1	*****	lb/d	*****	39	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	109.3	*****	lb/d	*****	39	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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(208)267-3480				08/08/2013			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.39	24	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.337	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.02	*****	lb/d	*****	.01	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.03	*****	lb/d	*****	.01	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-floing-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		08/08/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.8	24.2	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.9	*****	lb/d	*****	8.5	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.4	*****	lb/d	*****	8.5	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	86.7	*****	lb/d	*****	41	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	108.4	*****	lb/d	*****	41	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		09/09/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

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BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83805

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.316	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.07	*****	lb/d	*****	.03	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.13	*****	lb/d	*****	.05	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	80	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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(208)267-3480				09/09/2013			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83805

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(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	16.8	21.7	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.2	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60.9	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	72.8	*****	lb/d	*****	30	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	136.9	*****	lb/d	*****	36	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		11/08/2013	
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.456	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.15	*****	lb/d	*****	.03	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.08	*****	lb/d	*****	.04	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		11/08/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	10.6	12.2	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.9	*****	lb/d	*****	11.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61.7	*****	lb/d	*****	11.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.7	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	89.2	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.89	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		11/08/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.67	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.6	*****	lb/d	*****	.26	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.67	*****	lb/d	*****	.3	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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(208)267-3480				11/08/2013			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	4.5	6.7	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48.6	*****	lb/d	*****	20.3	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66.72	*****	lb/d	*****	20.3	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	27	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	88.4	*****	lb/d	*****	27	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.9	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		12/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
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11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.392	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.91	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.3	*****	lb/d	*****	.41	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

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ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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12/01/2013	12/31/2013

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.64	2.85	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.7	*****	lb/d	*****	26.2	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61.2	*****	lb/d	*****	26.2	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	8.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	54.2	*****	lb/d	*****	28	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	28	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30.3	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		01/09/2014	
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	52	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.28	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.68	*****	lb/d	*****	.35	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.92	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.39	1.83	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	*****	lb/d	*****	30.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80.6	*****	lb/d	*****	30.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	28	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	75.1	*****	lb/d	*****	28	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.6	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John Griffin		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		02/10/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
W = Weekly limit

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.59	8	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.321	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.09	*****	lb/d	*****	.34	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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(208)267-3480				02/10/2014		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET
BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.52	2.5	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	*****	lb/d	*****	14.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59.2	*****	lb/d	*****	14.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.9	*****	lb/d	*****	10	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	41.7	*****	lb/d	*****	10	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)267-3480		03/07/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.9	28	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.503	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****	lb/d	*****	.31	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	*****	lb/d	*****	.35	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmtn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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